PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

appropriate. All further ndicated unless correct maintenance fee notifica	correspondence including the delow or directed other of the delow of t	ng the Patent, advance of herwise in Block 1, by (orders and notification of a) specifying a new corre	maintenance fees will be spondence address; and/c	mailed to the current or (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for		
26853 COVINGTON ATTN: PATEN 1201 PENNSYI	7590 03/25 I & BURLING, LI T DOCKETING LVANIA AVENUE		AAB I he sta	(s) Transmittal. This cerb ers. Each additional pape e its own certificate of ma	ficate cannot be used from the such as an assignmental such as an assignmental in the such as a	deposited with the United t class mail in an envelope above, or being facsimile		
WASHINGTON	N, DC 20004-2401	70.				(Depositor's name)		
	•	PATENTA	HAR			. (Signature)		
						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.		
10/022,859	12/20/2001		J. Michael Ramstack	. 00	0166.0108-US01	1415		
	·		Time					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400 ART UNIT	\$300 CLASS-SUBCLASS	\$0 - 65/22/2007 (-\$1700 AUONDAF2 00000034 :	06/29/2007 16322859		
EXAMINER VENKAT, JYOTHSNA A		1615	424-501000	82 FC:1594		1469.60 02		
	ence address or indication			atent front page, list		369.66 OP 39.68 UP		
CFR 1.363).		•	(1) the names of up to	3 registered patent attorn	neys 1 Andrea	G. Reister		
Address form PTO/S	lication (or "Fee Address" 02 or more recent) attach	" Indication form	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	oe)	· · · · · · · · · · · · · · · · · · ·			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is in assignment.	dentified below, the do	cument has been filed for		
(A) NAME OF ASSI			(B) RESIDENCE: (CITY	•	rry)			
Alkermes,	Inc.		Cambridge,	Massachusetts	•			
lease check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual X Corporat	ion or other private gro	up entity Government		
a. The following fee(s) Issue Fee	are submitted:	41	b. Payment of Fee(s): (Please A check is enclosed.			hown above)		
	No small entity discount p		Payment by credit car	d. Form PTO-2038 is atta	iched.			
-	# of Copies <u>ten (</u>]		The Director is hereby overpayment, to Depo	authorized to charge the sit Account Number 50	required fee(s), any def -0740 (enclose an	iciency, or credit any extra copy of this form).		
_ `	tus (from status indicated is SMALL ENTITY statu	the state of the s	☐ b. Applicant is no lon	on alaiming CMALL ENT	CPTV C 27 OF	D. 1.077 ()/0)		
<u>* -</u>						e assignee or other party in		
	11 1100	tes Patent and Trallemark	Office.			3		
Authorized Signature	muco	2 Cers		Date June 21	, 2007			
Timed or printed	Andrea G./R	eister		Pagistration No. 36	. 253			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Docket No.: 000166.0108-US01

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: J. Michael Ramstack et al.

Application No.: 10/022,859

Group Art Unit: 1615

Filed: December 20, 2001

Examiner: J. A. Venkat

For: PREPARATION OF MICROPARTICLES

HAVING IMPROVED FLOWABILITY

TRANSMITTAL LETTER

MS ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal;
- 2. Fee(s) Transmittal (Form PTOL-85);
- 3. Check No. 381500 for \$1,730 to cover:

\$1,400 issue fee;

\$300 publication fee; and

\$30 advance patent copies fee; and

4. Return receipt postcard.

Our check in the amount of \$1,730.00 covering the required fees is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or

Application No.: 10/022,859 2 Docket No.: 000166.0108-US01

which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Order No. 000166.0108-US01. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: June 21, 2007

Respectfully submitted,

Andrea G. Reister

Registration No.: 36,253

COVINGTON & BURLING LLP 1201 Pennsylvania Avenue, N.W.

Washington, DC 20004-2401

(202) 662-5141

Attorney for Applicant

Approved for use through 06/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction and 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

	Complete if Known												
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						0/022,859-Conf. #1415							
FEE TRANSMITTAL				Filing Date De		December 20, 2001							
For FY 2007				First Named Inve	entor J	J. Michael Ramstack							
FO		Examiner Name	J	J. A. Venkat									
Applicant claims sm	[Art Unit 16		1615									
TOTAL AMOUNT OF PA	AYMENT	(\$) 1,730.00		Attorney Docket No. 000166.0			0108-US01						
METHOD OF PAYMENT (check all that apply)													
X Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 50-0740 Deposit Account Name: Covington & Burling LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of X Credit any overpayments													
fee(s) under 37 CFR 1.16 and 1.17													
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES											
		G FEES	SEA	RCH FEES	EXAMIN	ATION FEES	i						
Application Type	Fee (\$)	Small Entity Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	nid (\$)					
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FEES	3						S	mall Entity					
Fee Description Each claim over 20 (incl	Fee (\$)	Fee (\$) 25											
Each independent claim			200	100									
Multiple dependent clain	-					360	180						
		ee (\$)	Fee Pa	aid (\$)	Mu	Itiple Depend	ent Claims						
12 -51 =	x						Fee Paid (\$)						
HP = highest number of total	claims paid for, if g	eater than 20.		_				_					
		ee (\$)	Fee Pa	aid (\$)									
5 - 10 = HP = highest number of inde	pendent claims paid												
3. APPLICATION SIZE F	EE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50													
sheets or fraction the													
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =													
4. OTHER FEE(S) Fees Paid (\$)													
Non-English Specific	ation, \$130 fe	e (no small entity	y disco	unt)									
Other (e.g., late filing surcharge): 1501 Utility issue fee								1,400.00					
1504 Publication lee for early, voluntary, or from								0.00					
8001 Printed copy of patent w/o color 30.00													
SUBMITTED BY													
	ille	Cerst		Registration No. (Attorney/Agent)	36,253	Telephone	(202) 662	-5141					
Name (Print/Type) Andrea G. Reister						Date	ate June 21, 2007						